Image# 15950628949 PAGE 1 / 12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Tor Other Than	All Authorized	Committee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, the lines.	type	12FE4M5	
Int'l. Association of Bri	idge, Structura	I, Ornamenta	Reinford	cing Iror	Workers	(IPAL)
ADDRESS (number and street)	1750 New York A	ve. NW				
Check if different	Suite 400					
than previously reported. (ACC)	Washington				DC	20006
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦		5	STATE 🛦	ZIP CODE ▲
C C00027359		3. IS THIS REPORT	× NEV	W OR	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	X Feb 20 (M2)	Ma	y 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Bue on.	Mar 20 (M3)		20 (M6)	H	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (0	Q1) (a) = -	Apr 20 (M4)		20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	(c) 12-Day PRE-El	ection	Primary (12P) Convention (120)		General Special (
October 15 Quarterly Report (0		ior the.	Convention (12)		Opecial (120)
January 31 Year-End Report (YE)	Election on	M M / C) D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-E		General (30G)		Runoff (3	0R) Special (30S)
Termination Report (TER)	t	Election on	M = M / C)	Y	in the State of
5. Covering Period 0		2015	through	M M M 01	31/	2015
I certify that I have examined the	•	e best of my know	vledge and bel	ief it is tru	e, correct and	d complete.
Type or Print Name of Treasure	er Ronald Piksa					
Signature of Treasurer Rona	ald Piksa		[Electronically F	iled] D	ate 02	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, error	neous, or incomplete	information may su	bject the person	signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Int'l. Association of Bridge, Structural, Ornamental & Reinforcing Iron Workers (IPAL)

01 2015 Report Covering the Period: 2015 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 151015.57 January 1. 2015 (b) Cash on Hand at 151015.57 Beginning of Reporting Period..... 106322.73 106322.73 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 257338.30 257338.30 6(a) and 6(c) for Column B)..... 16012.75 16012.75 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 241325.55 241325.55 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Int'l. Association of Bridge, Structural, Ornamental & Reinforcing Iron Workers (IPAL)

I Possinto	COLUMN A	To: 01 31 2015		
I. Receipts	Total This Period	Calendar Year-to-Date		
. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	200	0.00		
(i) Itemized (use Schedule A)	0.00	0.00		
(ii) Unitemized	106322.73	106322.73		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	106322.73	106322.73		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)▶	106322.73	106322.73		
2. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
	0.00			
B. All Loans Received	0.00	0.00		
1. Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,			
to Federal Candidates and Other				
Political Committees	0.00	0.00		
7. Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
3. Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	106322.73	106322.73		
) Total Fodoral Possints				
). Total Federal Receipts (cultrast Line 18(a) from Line 10)	106222 72	106202.72		
(subtract Line 18(c) from Line 19) ▶	106322.73	106322.73		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
21. Op (a)	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)	15101 11104	Calcinal Teal-to-Date	
	(i) Federal Share	0.00	0.00	
	···	0.00	0.00	
(b	(ii) Non-Federal Share Other Federal Operating	0.00	0.00	
(0)	Expenditures	12.75	12.75	
(c)				
	(add 21(a)(i), (a)(ii), and (b)) ▶	12.75	12.75	
	ansfers to Affiliated/Other Party	0.00	0.00	
3. Co	ommitteesontributions to	0.00	0.00	
an	deral Candidates/Committees d Other Political Committees	2000.00	2000.00	
	dependent Expenditures	0.00	0.00	
. Co	se Schedule E)	7 7 7	5.55	
(2 (u:	U.S.C. §441a(d)) se Schedule F)	0.00	0.00	
. Lo	an Repayments Made	0.00	0.00	
. Lo	ans Made	0.00	0.00	
. Re	efunds of Contributions To: Individuals/Persons Other			
(ω,	Than Political Committees	0.00	0.00	
(b)	Political Party Committees	0.00	0.00	
(c)				
	(such as PACs)	0.00	0.00	
(d	Total Contribution Refunds			
	(add Lines 28(a), (b), and (c))▶	0.00	0.00	
. Ot	her Disbursements	14000.00	14000.00	
	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,		
	ederal Election Activity (2 U.S.C. §431(20))			
(a	Allocated Federal Election Activity (from Schedule H6)			
	(i) Federal Share	0.00	0.00	
	(ii) "Levin" Share	0.00	0.00	
(b)	Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c)				
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
То	tal Disbursements (add Lines 21(c), 22,			
23	, 24, 25, 26, 27, 28(d), 29 and 30(c))	16012.75	16012.75	
	tal Federal Disbursements			
	ubtract Line 21(a)(ii) and Line 30(a)(ii) om Line 31)	16012.75	16012.75	
110	Lino 31)	10012.70	13312.70	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	106322.73	106322.73
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106322.73	106322.73
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	12.75	12.75
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	12.75	12.75

1mage# 15950628954 PAGE 6 / 12

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XN Transaction ID :

Regarding Line 11(a)(ii) of the Detailed Summary Page, all unitemized receipts from individuals/persons other than political committees, none of these receipts was from a single source that aggregate greater than \$200 in the calendar

year. When receipts do aggregate greater than \$200 from a single source in a calendar year we itemize these

receipts on Schedule A, supporting Line 11(a)(i).

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 7 OF 12		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	NOMBEN.	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Int'l. Association of Bridge, Structur	al, Ornamental & Re	inforcing I	ron Workers (IPAL)	
Full Name (Last, First, Middle Initial) A. Friends Of Don Beyer			Date of Disbursement	
Mailing Address 499 South Capitol Street, SW Suite 422			01 23 2015	
,	State Zip Code DC 20003		Transaction ID: 37847391	
US House VA Candidate Name		011	Amount of Each Disbursement this Period	
Donald Beyer Jr Office Sought: House Disburser	nent For: 2016	Category/ Type	2000.00	
Senate	Primary ☐ General Other (specify) ▼		US House VA	
Full Name (Last, First, Middle Initial) B.			Date of Disbursement	
Mailing Address				
•	State Zip Code			
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period	
Office Sought: House Disbursem	pont For:	Category/ Type		
Senate	Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	
City	State Zip Code			
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period	
	nent For: Primary General Other (specify) ▼	Type		
			2000.00	
SUBTOTAL of Disbursements This Page (optional)			2000.00	
TOTAL This Period (last page this line number only).				

		FOR LINE	NUMBER: PAGE 8 OF 12
TEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	
	for each category of the Detailed Summary Page	21b	22 23 24 25 26
	, ,	27	28a 28b 28c X 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Int'l. Association of Bridge, Structur	ral, Ornamental & F	Reinforcing I	Iron Workers (IPAL)
Full Name (Last, First, Middle Initial)			D (D) .
Letitia James 2017			Date of Disbursement
Mailing Address Bedford Grove LLC 349 5th Avenue			01 22 2015
	State Zip Code		Transaction ID : 37846389
New York	NY 10016		Transaction 15 : 57040505
Purpose of Disbursement Letitia James, NY City Public Advocate NY		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Letitia James Office Sought: House Disburser	nont For	Туре	1000.00
Office Sought: House Disburser Senate President State: District:	Primary General Other (specify)		Letitia James, NY City Public Advocate NY
Full Name (Last, First, Middle Initial)			
Friends of Ed Mangano			Date of Disbursement
Mailing Address PO Box 337			01 23 2015
Bethpage	State Zip Code NY 11714		Transaction ID: 37847396
Purpose of Disbursement ED MANGANO, COUNTY EXECUTIVE NY		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
ED MANGANO		-	
ED MANGANO Office Sought: House Disburser	nent For:		
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		ED MANGANO, COUNTY EXECUTIVE NY
Office Sought: House Disbursen Senate President State: District:	Primary General		ED MANGANO, COUNTY EXECUTIVE NY
Office Sought: House Disburser Senate President	Primary General		Date of Disbursement
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary General		
Office Sought: House Senate President State: District:	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends of Ed Mangano Mailing Address PO Box 337 City	Primary General Other (specify) ▼	011	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends of Ed Mangano Mailing Address PO Box 337 City Bethpage Purpose of Disbursement	Primary General Other (specify) ▼ State Zip Code	011	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: Full Name (Last, First, Middle Initial) Friends of Ed Mangano Mailing Address PO Box 337 City Bethpage Purpose of Disbursement ED MANGANO, COUNTY EXECUTIVE NY Candidate Name	Primary General Other (specify) ▼ State Zip Code	Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: Full Name (Last, First, Middle Initial) Friends of Ed Mangano Mailing Address PO Box 337 City Bethpage Purpose of Disbursement ED MANGANO, COUNTY EXECUTIVE NY	Primary General Other (specify) ▼ State Zip Code NY 11714		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: Full Name (Last, First, Middle Initial) Friends of Ed Mangano Mailing Address PO Box 337 City Bethpage Purpose of Disbursement ED MANGANO, COUNTY EXECUTIVE NY Candidate Name ED MANGANO Office Sought: House Senate President	Primary General Other (specify) ▼ State Zip Code NY 11714	Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends of Ed Mangano Mailing Address PO Box 337 City Bethpage Purpose of Disbursement ED MANGANO, COUNTY EXECUTIVE NY Candidate Name ED MANGANO Office Sought: House Senate Disburser	Primary General Other (specify) State Zip Code NY 11714 nent For: Primary General	Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: Full Name (Last, First, Middle Initial) Friends of Ed Mangano Mailing Address PO Box 337 City Bethpage Purpose of Disbursement ED MANGANO, COUNTY EXECUTIVE NY Candidate Name ED MANGANO Office Sought: House Senate President	Primary General Other (specify) ▼ State Zip Code NY 11714 ment For: Primary General Other (specify) ▼	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:	PAGE 9 OF 12
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(check only	one)		
			Summary Page	21b	22 23	24 25 26
_				27	28a 28b	28c 🗙 29 30b
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam					
<u> </u>	NAME OF COMMITTEE (In Full)		and any pointo		22	000 00
$ \rangle$	Int'l. Association of Bridge, Structur	al. Orna	amental & R	einforcina I	ron Workers (I	PAI)
\mathbb{Z}						. , ,
_	Full Name (Last, First, Middle Initial)					
Α.	FRIENDS OF ALEX GROMACK				Date of Disbursem	nent
	Mailing Address 23 REGINALD DRIVE				01 23	2015
	Maining Address 25 NEGITALD DIVIVE				01 20	2010
	City	State	Zip Code		Transaction ID :	27947402
	CONGERS	NY	10920		Transaction iD .	3/04/402
	Purpose of Disbursement ALEX GROMACK, TOWN SUPERVSOR NY			011	Amount of Each D	isbursement this Period
	Candidate Name				Amount of Lacif D	iosarscinont tills i cilou
	ALEX GROMACK			Category/ Type		250.00
	Office Sought: House Disbursen	nent For:				
		Primary	General		ALEX GROMACK,	TOWN SUPERVSOR NY
		Other (spe	cify) 🔻			
_	State: District:					
В.	Full Name (Last, First, Middle Initial)				Date of Disbursem	nant
٥.	Citizens for Day				M M / D D	
	Mailing Address 169 S. Main Street				01 23	
	#381					
	•	State	Zip Code		Transaction ID:	37847403
	New City Purpose of Disbursement	NY	10956			
	Ed Day, COUNTY EXECUTIVE NY			011	Amount of Each D	isbursement this Period
	Candidate Name			Category/		
	Ed Day			Type		250.00
	Office Sought: House Disbursen					
		Primary	General		Ed Day, COUNTY I	EXECUTIVE NY
	State: District:	Other (spe	city) \blacktriangledown			
_	Full Name (Last, First, Middle Initial)					
C.	Lisa King City Council District 2				Date of Disbursem	nent
					M M / D D	/ Y Y Y Y Y
	Mailing Address 9158 Heckscher Drive				01 23	2015
	City S	State	Zip Code			
	Jacksonville	FL	32226		Transaction ID:	37847405
	Purpose of Disbursement					
	Lisa King, CITY COUNCIL 2nd FL 011			011	Amount of Each D	isbursement this Period
	Candidate Name			Category/		500.00
	Lisa King Office Sought: House Disbursen	oont For:		Туре		
		Primary	General		Line Kine CITY CO	NINCII 2nd El
		Other (spe			Lisa King, CITY CO	ONCIL ZIIQ FL
	State: District:	V 1/-2	- / · · ·			
Г	'					
s	UBTOTAL of Disbursements This Page (optional)					1000.00
\vdash						
T	OTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 12		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)	le and address of any politica	i committee to	Solicit contributions from Such committee.	
Int'l. Association of Bridge, Structu	ral, Ornamental & Re	inforcing I	ron Workers (IPAL)	
Full Name (Last, First, Middle Initial)			5	
A. Joyce Morgan City Council District	1		Date of Disbursement	
Mailing Address 4928 Top Royal Lane			01 23 2015	
City	State Zip Code		Transaction ID: 37847406	
Jacksonville	FL 32277		11alisaction ib . 37047400	
Purpose of Disbursement Joyce Morgan, CITY COUNCIL 1st FL		011	Amount of Each Disbursement this Period	
Candidate Name			Amount of Each Bisbarcoment this Foriog	
Joyce Morgan		Category/ Type	500.00	
Office Sought: House Senate President State: District:	nent For: Primary General Other (specify)		Joyce Morgan, CITY COUNCIL 1st FL	
Full Name (Last, First, Middle Initial)				
B. Pat Lockett-Felder City Council Dis	etrict 8		Date of Disbursement	
Tat Lockett-Telder Oity Council Dis	Strict O		M M / D D / Y Y Y Y	
Mailing Address 11990 Crimson Rose Court			01 23 2015	
•	State Zip Code		Transaction ID: 37851344	
Jacksonville Purpose of Disbursement	FL 32218			
Pat Lockett-Felder, CITY COUNCIL 8th FL		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		
Pat Lockett-Felder		Type	500.00	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)		Pat Lockett-Felder, CITY COUNCIL 8th FL	
Full Name (Last, First, Middle Initial)				
C. JU'COBY PITTMAN COUNCIL-AT			Date of Disbursement	
3. 30 COBT I II IWAN COONCIL-AT	-LANGE - GNOOF 3		M M / D D / Y Y Y Y	
Mailing Address P.O. BOX 2028			01 23 2015	
,	State Zip Code		Transaction ID: 37851345	
JACKSONVILLE Purpose of Disbursement	FL 32203			
JU'COBY PITTMAN, COUNCIL-AT-LARGE 5th FL		011	Amount of Each Disbursement this Period	
Candidate Name		Amount of Each Disbut	Amount of Each disbursement this Period	
JU'COBY PITTMAN		Category/ Type	500.00	
Office Sought: House Disburser	ment For:			
Senate	Primary General		JU'COBY PITTMAN, COUNCIL-AT-LARGE 5th	
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		············ >	1500.00	
TOTAL This Period (last page this line number only)				
I This i show (last page this line humber offly)				

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 11 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Int'l. Association of Bridge, Structu	ral, Ornamental & R	einforcing I	ron Workers (IPAL)
Full Name (Last, First, Middle Initial)			
A. Tracie Davis Supervisor of Election Mailing Address 221 N. Hogan Street	าร		Date of Disbursement O1 23 2015
Suite 526			2010
,	State Zip Code		Transaction ID : 37851346
Jacksonville Purpose of Disbursement	FL 32202		
Tracie Davis, SUP OF ELECTIONS FL		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Tracie Davis		Туре	500.00
Office Sought: House Disburse	ment For: Primary General Other (specify) ▼		Tracie Davis, SUP OF ELECTIONS FL
Full Name (Last, First, Middle Initial)			
B. Anna Brosche City Council at Larg	je Group 1		Date of Disbursement
Mailing Address 5150 Belfort Road South Building 600			01 23 2015
Jacksonville	State Zip Code FL 32256		Transaction ID: 37851347
Purpose of Disbursement Anna Brosche, CITY COUNCIL 1st FL		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Anna Brosche		Туре	500.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		Anna Brosche, CITY COUNCIL 1st FL
Full Name (Last, First, Middle Initial)			Date of Disbursement
 C. Tommy Hazouri City Council at La 	rge Group 3		
Mailing Address 12175 Dividing Oaks Trail West			01 23 2015
Jacksonville	State Zip Code FL 32223		Transaction ID: 37851348
Purpose of Disbursement Tommy Hazouri, CITY COUNCIL 3rd FL	Purpose of Disbursement Tommy Hazouri, CITY COUNCIL 3rd FL 011		
Candidate Name	Candidate Name		
Tommy Hazouri		Category/ Type	500.00
Office Sought: House Disburse	ment For:		
Senate	Primary General		Tommy Hazouri, CITY COUNCIL 3rd FL
President	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····•	1500.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)	Han annual b -	FOR LINE	NUMBER: PAGE 12 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Int'l. Association of Bridge, Structure	•		
Full Name (Last, First, Middle Initial)	0 -		Data of Dieburgerent
A. John Crescimbeni City Council at L Mailing Address P.O. Box 8962	arge Group 2		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S	State Zip Code		
Jacksonville	FL 32239		Transaction ID: 37851349
Purpose of Disbursement John Crescimbeni, CITY COUNCIL FL		011	Amount of Each Disbursement this Period
Candidate Name John Crescimbeni		Category/ Type	500.00
Office Sought: House Disbursem	nent For: Primary General Other (specify)	7,7-2	John Crescimbeni, CITY COUNCIL FL
Full Name (Last, First, Middle Initial) B. DOYLE CARTER FOR CITY COUN Mailing Address 1364 FOURAKER ROAD	NCIL		Date of Disbursement 01 23 2015
JACKSONVILLE	State Zip Code FL 32221		Transaction ID : 37851350
Purpose of Disbursement DOYLE CARTER, CITY COUNCIL 12th FL		011	Amount of Each Disbursement this Period
Candidate Name DOYLE CARTER		Category/ Type	500.00
Office Sought: House Disbursem Senate	nent For: Primary General Other (specify)	1,750	DOYLE CARTER, CITY COUNCIL 12th FL
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	City State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			1000.00
TOTAL This Period (last page this line number only).			14000.00